

Candidate
Annual Report of Receipts and Disbursements
2009

RECEIVED

FEB 02 2010

Secretary of State
Capitol Office
DATE STAMP

Candidate's Name Jack Gordon
Full Address P.O. Box 377- Okolona, Ms 38860
Telephone 662-447-3117 Fax _____
Contact Name _____ Email _____
Office Sought _____ Political Party _____

☐ Check here if above is different from previous report

TYPE OF REPORT

☒ January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009).....All Candidates and Political Committees

☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized	=	This Period	Calendar Year-To-Date
Total amount of contributions	\$	+	\$	\$ 10,900 ⁻
Total amount of disbursements	\$	+	\$	\$ 740 ⁰⁰
Total amount of cash on hand			\$ 10,160 ⁰⁰	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Jack Gordon
Signature of Candidate

2/02/10
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee _____

Reporting period _____ through _____

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Jerry Morgan		12/16/09	\$ 1000 ⁰⁰
Mailing Address 210 West Main Street		__/__/__	\$
City, State, Zip Code Okolona Ms. 38860		__/__/__	\$
Name of Employer (Required) Self-		__/__/__	\$
Occupation (Required) Pharmacists		Aggregate year-to-date	\$ 1000 ⁰⁰
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Anton Klinghler		12/16/09	\$ 400 ⁻
Mailing Address 118 Summer Bay Drive		__/__/__	\$
City, State, Zip Code Ridgeland, Ms 39157		__/__/__	\$
Name of Employer (Required) Klinghler Electric Co.		__/__/__	\$
Occupation (Required) Owner		Aggregate year-to-date	\$ 400 ⁰⁰
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Vision Research Corporation		12/16/09	\$ 1000 ⁰⁰
Mailing Address 211 Summit Parkway Ste 105		__/__/__	\$
City, State, Zip Code Birmingham, Ala 35209		__/__/__	\$
Name of Employer (Required) Above		__/__/__	\$
Occupation (Required) Above		Aggregate year-to-date	\$ 1000 ⁰⁰
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Buddy Medlin & Associates		12/16/09	\$ 500 ⁻
Mailing Address P.O. Box 24087		__/__/__	\$
City, State, Zip Code Jackson Ms 39216		__/__/__	\$
Name of Employer (Required) Above		__/__/__	\$
Occupation (Required) Consultant		Aggregate year-to-date	\$ 500 ⁻

Name of Candidate or Committee _____

Reporting period _____ through _____

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Len Pac		12/16/09	\$ 500 ⁰⁰
Mailing Address 3 Lakeland Circle Ste 201		___/___/___	\$
City, State, Zip Code Jackson, Ms 39216-4900		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required) Consumer Finance		Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Mississippi Dental Pac		12/16/09	\$ 400 ⁰⁰
Mailing Address 2630 Ridgewood Drive, Ste C		___/___/___	\$
City, State, Zip Code Jackson, Ms 39216-4920		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required) Dentists		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Mississippi Concrete Industries		12/16/09	\$ 250
Mailing Address P.O. Box 14225		___/___/___	\$
City, State, Zip Code Jackson, Ms 39236		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required) Concrete		Aggregate year-to-date	\$ 250 ⁻
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Carl Nicholson		12/16/09	\$ 500 ⁻
Mailing Address P.O. Drawer 15099		___/___/___	\$
City, State, Zip Code Hattiesburg, Ms 39404-5099		___/___/___	\$
Name of Employer (Required) Self employed C.P.A		___/___/___	\$
Occupation (Required) Accounting -		Aggregate year-to-date	\$ 500 ⁻

Reporting period _____ through _____

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan☐ Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
En-PAC Mississippi	12/16/09	\$ 500 ⁻
Mailing Address P.O. Box 1640	___/___/___	\$
City, State, Zip Code Jackson, Ms 39215 - 1640	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ 500 ⁻

B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan☐ Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
Mississippi Independent Rx Pac	12/16/09	\$ 1000 ⁰⁰
Mailing Address 4209 Lakeland Drive, Ste 399	___/___/___	\$
City, State, Zip Code Hollywood, Ms 39232	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ 1000 ⁰⁰

C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
Capitol Advocacy Group	12/16/09	\$ 1000 ⁰⁰
Mailing Address P.O. Drawer 217	___/___/___	\$
City, State, Zip Code Jackson, Mississippi	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required) Consultant	Aggregate year-to-date	\$ 1000 ⁰⁰

D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan☐ Other (please specify) _____

Full name	Date (Mo., Day, Year)	Amount of each receipt this period
Harvey & Celia Fisher	12/16/09	\$ 250 ⁻
Mailing Address 109 Monroe Avenue	___/___/___	\$
City, State, Zip Code Okolona, Ms. 38860	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required) Retired -	Aggregate year-to-date	\$ 250 ⁻

Name of Candidate or Committee _____

Reporting period _____ through _____

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Mississippi Nurses PAC		___/___/___	\$ 250 -
Mailing Address 31 Woodgreen Place		___/___/___	\$
City, State, Zip Code Madison, Ms		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required) Nurses		Aggregate year-to-date	\$ 250 -
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Astro Zeneca		12/16/09	\$ 350 -
Mailing Address 7516 Jeanette St		___/___/___	\$
City, State, Zip Code New Orleans, LA 70118		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ 350 -
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Atria Client Services		12/16/09	\$ 500 ⁰⁰
Mailing Address 333 N. Pointe Center E. Ste 615		___/___/___	\$
City, State, Zip Code Alpharetta, Ga. 30022		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required) Drugs - etc		Aggregate year-to-date	\$ 500 ⁰⁰
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Reynolds American		12/16/09	\$ 500 -
Mailing Address P.O. Box 2490		___/___/___	\$
City, State, Zip Code Winston, Salem N.C. 27102		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required) Profit Relations-		Aggregate year-to-date	\$ 500 ⁰⁰

Name of Candidate or Committee _____

Reporting period _____ through _____

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name ATOT		12/16/09	\$ 500-
Mailing Address 337 North Broadway		___/___/___	\$
City, State, Zip Code Tupelo, Ms. 38804		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required) Telephone		Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name MAE PAC		12/16/09	\$ 500-
Mailing Address 600 Hogan Street #1c		___/___/___	\$
City, State, Zip Code Starkville, Ms 39759-38804		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ 500-
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Centene Mgt. Company LLC		12/16/09	\$ 500-
Mailing Address		___/___/___	\$
City, State, Zip Code St. Louis Mo. 63105-		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required) Net Services		Aggregate year-to-date	\$
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Allergan U.S.A. Inc.		___/___/___	\$ 500-
Mailing Address 721 Sugar Pine Circle		___/___/___	\$
City, State, Zip Code Madisonville, La. 70447		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required) Consultants		Aggregate year-to-date	\$ 500-

Name of Candidate or Committee _____

Reporting period _____ through _____

ITEMIZED DISBURSEMENTS

A. Full name	Tico's Steak House	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	Coult Line Road	___/___/___	\$ 740 ⁰⁰
City, State, Zip Code	Ridgeland Ms	___/___/___	\$
Purpose of Disbursement (Optional)	Food -	Aggregate Year-to-date	\$ 740 ⁰⁰
B. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
C. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
D. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$